



STATE OF WISCONSIN

Department of Safety and
Professional Services

Educational Course Application

Division of Industry Services

1400 E Washington Ave

Madison, WI 53703

Phone: (608) 267-3280

FAX: (608)-267-0592

Email: DSPPcourseapproval@wisconsin.gov

TTY through Relay

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

If you obtain approval for this course and it is other than a face-to-face training session, you must inform students that they may not retake the same course for credit more than once during the 1-, 2- or 4-year term of their specific credential.

Course Provider Name (Business, School, Institute, Individual, etc)	Contact Person (If different from provider)
DSPS Customer Id number (If already provided)	Address No. & Street, or P.O. Box:
Address No. & Street, or P.O. Box:	City, Town or Village, State, Zip + 4 Code:
City, Town or Village, State, Zip + 4 Code:	Telephone No. (include area code):
Telephone No. (include area code):	If Available, E-mail Address:

Fill in the Course Name/Title:

Type of course: ☐ Instructor-led, Face-to-Face Training

☐ Student-paced Training (Internet, DVD, Broadcast, Correspondence): ☐ Number of review questions _____

Total Course Hours:

PLUMBING	<input type="checkbox"/> Master Plumber	<input type="checkbox"/> Journeyman Plumber
	<input type="checkbox"/> Master Plumber Restricted Appliance	<input type="checkbox"/> Journeyman Plumber Restricted Appliance
	<input type="checkbox"/> Commercial Plumbing Inspector	<input type="checkbox"/> UDC-Plumbing Inspector
	<input type="checkbox"/> Utility Contractor	<input type="checkbox"/> Cross Connection Control Tester
POWTS	<input type="checkbox"/> Master Plumber Restricted Service	<input type="checkbox"/> Journeyman Plumber Restricted Service
	<input type="checkbox"/> POWTS Maintainer	<input type="checkbox"/> Soil Tester Certification (ST)
	<input type="checkbox"/> POWTS Inspector	
BUILDING	<input type="checkbox"/> Commercial Building Inspector	<input type="checkbox"/> UDC-Construction Inspector
	<input type="checkbox"/> UDC-HVAC Inspector	<input type="checkbox"/> Manufactured Home Installer
	<input type="checkbox"/> Dwelling Contractor Qualifier	
ELECTRICAL	<input type="checkbox"/> Master Electrician	<input type="checkbox"/> Journeyman Electrician
	<input type="checkbox"/> Beginning Electrician	<input type="checkbox"/> Industrial Journeyman Electrician
	<input type="checkbox"/> Residential Master Electrician	<input type="checkbox"/> Residential Journeyman Electrician
	<input type="checkbox"/> Commercial Electrical Inspector	<input type="checkbox"/> UDC-Electrical Inspector
ELEVATOR	<input type="checkbox"/> Elevator Mechanic	<input type="checkbox"/> Elevator Mechanic- Restricted
	<input type="checkbox"/> Lift Mechanic	<input type="checkbox"/> Elevator Inspector
SPRINKLERS	<input type="checkbox"/> Automatic Fire Sprinkler Contractor	<input type="checkbox"/> Journeyman Automatic Fire Sprinkler Fitter
	<input type="checkbox"/> Automatic Fire Sprinkler Contractor-Maintenance	
BOILERS	<input type="checkbox"/> Boiler Inspector	
INITIAL QUALIFIER	<input type="checkbox"/> Multi-Purpose Piping Initial Qualifier	<input type="checkbox"/> Cross Connection Control Tester Initial Qualifier
	<input type="checkbox"/> POWTS Maintainer Initial Qualifier	<input type="checkbox"/> Soil Erosion Inspection Initial Qualifier
	<input type="checkbox"/> Dwelling Contractor Qualifier Initial Qualifier	<input type="checkbox"/> Manufactured Home Installer Initial Qualifier
	<input type="checkbox"/> POWTS Restricted Tech Installer Qualifier	

Course Reviewer – If denied, please indicate reason:

Instructions: Use this form to apply for approval to offer your course for continuing education credit.

Step 1: Complete the first page of this form. Note:

- Some credential types require an initial ‘Qualifier’ course be completed before an applicant can apply for their credential. If your course is designed to be offered as a ‘Qualifier’ training course, be sure to check the proper box, and include the term “Qualifier” as the first word in the course title.
- Express course length in 1/2-hour increments. If the course is divided into short, independent courses, submit a separate course application for each part. If this is a correspondence, DVD or Internet course, submit at least 10 review questions for each credit hour you are requesting. Any course that is only question-and-answer based, using readily-available public materials such as the codebook, requires least 30 questions per hour to be submitted. Students must correctly answer at least 70% of the questions in order to receive credit.

Step 2: Provide a course summary detailing how this course relates to the job activities and responsibilities of the credential categories you have indicated on the educational course application. Include a complete course outline describing in detail the subject matter to be taught, the total length of the course, and the length of time on each subject. If submitting a correspondence course, include the handout(s) and/or video(s). Send the educational course application, a course summary and handouts/videos (if applicable) to the address on the application at least 30 days prior to the date the course will be offered. You may also email this application and course materials to DSPSCourseapproval@wisconsin.gov.

Step 3: Courses will be approved or denied within 21 calendar days of receiving this application. Do not offer your course for credit before you have received approval. Students who complete your course before it is approved will not receive credit. When your course is approved, a letter will be sent showing the hours of approved credit, the credentials to which the hours of approved credit apply, the expiration date of the course, and the course identification number.

Step 4: After you have received approval, you may offer your course for credit. You **must:**

- Maintain an attendance record of all students who have successfully completed the course for at least five years from the course completion date. The record must include the course identification number, the course completion date, the name of each student, and the student’s credential identification number. Note. Be sure to obtain the credential identification number of the **student**, and not of the student’s **business**.
- Provide a written, printed, or e-mailed attendance record to **each student**. At a minimum, this record must include the course identification number, the course completion date, the name of the student, and the student’s credential identification number. Instruct your students to retain this document for their records.
- Report all course attendance information to the Department of Safety and Professional Services within 14 calendar days of the course completion date. Use the information on your course approval letter to report this information electronically.

Step 5: Course approvals have a five-year term. A renewal notice will be sent at least 30 days before the expiration date. If a course is not renewed, students attending the course after the expiration date will not receive credit.